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EFFECTIVENESS OF MARKET STRATEGY FOR MANAGEMENT OF BRAND PORTFOLIO CONSISTING OF INNOVATIVE DRUGS AND THEIR GENERIC EQUIVALENTS

Abstract

Empirical evidence implies that soon after patent expiration generic competitors enter the market with their usually cheaper substitutes of the original drugs. For a long time previously innovative companies primarily had lost their interest in the off-patent drugs and had focused their attention entirely on promotion of new innovative drugs (new chemical entities - NCE) which only had just been approved for manufacturing and selling. However over recent years the number of newly introduced innovative drugs has been decreasing, which in turn has led to growing market competition.

Currently a different approach may be observed as innovator pharmaceutical companies strive to maintain a strong competitive market position even following expiration of the drug's patent. However, they try to avoid strengthening their market edge based solely on price. Such an approach would inevitably lead to significant loss in sales and a fall in product margins. It is for that reason that some innovator companies decide to enter the market with a one or more 'generic' versions of their original drugs, ie. to implement a brand portfolio strategy on a single chemical entity market.

This paper examines the results of such strategies adopted in the Rx (prescription medicines) markets including analysis of reasons for failure and success. As it stems from research completed, the brand portfolio strategy is very popular in some developed pharmaceutical markets and very often brings significant financial benefits to innovator companies. In case of the strongly regulated Rx pharmaceutical market in Poland, very different results have been observed – this kind of strategy displays weaker popularity and relatively seldom brings intended effects to the patent holders.

Key words: generic drugs, pharmaceuticals, competition, strategy.

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1. Introduction

Just a few years ago it was common for big innovator pharmaceutical companies to limit substantially active sales promotion activities for a drug which had just lost its patent exclusivity. That was linked with redirecting of the vast majority of resources in order to introduce a new innovative product (a new chemical entity). The primary beneficiaries of that approach were mainly generic competitors which used to enter the market promptly after patent expiry with cheaper versions of branded drugs. However the market has changed significantly over the recent years as it has turned out that the pipeline of innovative drugs has been steadily declining and the existing original brands have begun to loose their market exclusivity one after the other. This in turn has led to increased competition and desire to maintain the pre-patent expiration sales volumes and values. As a consequence innovative companies have started to become more interested in the generic drug market – both for their own NCEs and NCEs introduced by other innovative companies. Especially interesting is the case where a pharmaceutical company, upon expiry of its patent, takes a decision to license another brand with the same chemical entity but marketed as a generic. Subsequently they create a portfolio of different trade marks which, from a legal perspective, are considered to be fully therapeutic equivalents, ie. proved to have the same efficacy, purity and stability with the only difference being trade mark, packaging and price.

Sifting through papers written in English describing the market of pharmaceutical drugs, it was hard to find a uniform definition for this kind of market strategy. Subsequently generic drugs produced by patent holders are defined as "pseudo-generics" [Hollis 2005, p. 329], "authorized generic drugs" [Lamb 2008], "branded generics" [Singer 2010], "second brand" or "dual brand". It should be, however, noted that particular definitions – depending upon the author – often have different meanings. As an example the term "branded generics" may be appropriate here as it is used to refer to both generic versions introduced by patent holders for their own branded drugs and generics produced by other competing companies [Reiffen 2005, p. 1-2]. Some authors indicate that commonly used terminology was developed by IMS Health in 2002. This separates meanings for the following terms: "authorized generics" and "branded generics". The latter term is defined as products that are either novel dosage forms of off-patent products produced by a manufacturer that is not the originator of the molecule, or a molecule copy of an off-patent product with a trade name. On the other hand "authorized generics" refer to drugs made by or under license from the innovator company and sold without a brand name [Lamb, op.cit].

At meetings with representatives of pharmaceutical companies – at least in Poland – it was pointed out that the most frequently used term is "second brand". Thus I will be also using that term in this paper – alternately with the term "brand portfolio" – especially as it will also refer to the next versions launched for the same chemical entity by the same company.

It happens that a single generic company introduces more than one generic version marketed as different trademarks, eg. Amlozek and Amlonor – the chemical entity is amlodipinum – manufactured and sold by Adamed, a Polish pharmaceutical company. In this case after several years following patent expiry of Norvasc and lack of active promotion among physicians and pharmacists, Adamed was able not only to gain a dominant market position but also to convince market players that Amlozek is the genuine and innovative brand. Hence Amlonor is marketed as a generic for Amlozek and subsequently directed to a separate customer segment.

As has already been mentioned, the main competitive advantage of generics is their lower price compared to original products. The main objectives set out for such a strategy might include:

- Preserving pre-patent expiration market share and creating entry barriers for new entrants;
- Creating the impression – at least in the eyes of patients and pharmacists - of a strong market competitive edge and further reducing the capability of other potential generic entrants to compete effectively;
- Entering into new markets by acquiring approval to dispense a product without prescriptions, eg. Urofuraginum and Furaginum marketed by Adamed.

This paper examines the effectiveness of the 'second brand' strategy in the Polish pharmaceutical market, where companies compete directly against generic firms by introducing a generic version for their own original brands. These results will subsequently be compared to those in more developed West-European markets.

For innovative companies present in the Polish market this is often a completely new area where the risk of sales cannibalization of original brand by its cheaper generic version is considerably high. Hence they need to face the possibility of losses in total sales and margins. Based on observations and meetings with employees from the pharmaceutical sector, an attempt will be made to indicate the reasons for failures and successes stemming form this kind of market strategy approach.

2. Strategy of brand portfolio with "own generics" on foreign markets

It is alleged in literature that the first attempts to introduce a 'second brand' strategy by large drug companies were made in the early 1990s [Reiffen, op.cit., p. 3]. It was also reported and can be observed in the market that over the past several years that this strategy has become more and more popular. This has occurred for several reasons:

- Low potential for sales growth in developed Western markets;
- Patent expiration for key products and subsequent entry of new substitute drugs resulting in diminished sales and market share for the originator company and a subsequent desire to develop effective defense strategies to reduce competition from generic producers [Bates 2011];
- Disappointing results in the channeling of new chemical NCEs which show no evidence of success for future blockbusters such as Pfizer's Lipitor (in Poland marketed as Sortis) or Viagra;
- A necessity to expand markets for further growth by entry into emerging markets, ie. Eastern Europe, Asia and Latin America. With a relatively low average disposable income per capita patients in those regions cannot afford original and expensive brand-name drugs [Singer, op.cit.];
- Additionally there is a significant risk of counterfeit drugs in some countries. Hence cheaper generic alternatives introduced by well known and recognized companies might enjoy increased popularity.

As a result, some drug companies in emerging markets offer original drugs at higher prices to wealthy consumers as well as generic versions of branded products (their own and other innovative companies) at a significantly lower price to other patients with lower income. This segment makes up a sizeable majority of the whole population. The Pfizer company serves as one example as it signed an agreement with the India-based generic manufacturer, Aurobindo; Sanofi-Aventis which purchased Zentiva, a leading Czech pharmaceutical company; Novartis which markets its generic drugs under a separate brand and entity, Sandoz [Singer, op.cit.].

By observing the pharmaceutical market conclusions can be drawn that for the last few years this has been the upward trend and the generic market has become an attractive strategic alternative for a lot of large pharmaceutical innovative companies. It has been alleged by industry experts that in the longer-term the expansion into emerging markets is crucial for maintaining prospects for further growth in sales [Boswell 2009].

It is interesting that for some drug companies the generic strategy seems to be particularly profitable in the Polish market – also highlighted as a market where it is relatively easy to implement such a two-tiered strategic approach [Senior 2010].

Potential benefits stemming from launching generic substitutes for its own innovative brands are perceived as the opportunity to maintain market shares in the longer term (defense strategy), forcing competitors to leave the particular NCE's (active molecule) market or simply deciding against entering the market (offensive strategy) and sometimes an improvement in sales figures (strategy of leveraging occurring market opportunities).

Additional advantages over an independent generic producer weighting in favor of such a strategy include [Reiffen, op.cit., p. 10-14]:

- Experience in manufacturing and following lower production costs resulting from 'learning curve' effect;
- As long as the new generic version is manufactured on the same production lines, the originator does not need to conduct additional research studies to prove bio-equivalence and file for an approval to introduce the generic version on the market; this in turn allows not only for cost savings but also enables launching of new products as soon as they receive approval;
- There are no legal constraints to introduce the generic version at the preferred time, even before patent expiration.

Some analysts have noted that introducing a substitute for its own brand by a patent holder deters generic competition by delaying new entrants or forcing independent generic firms to resign from the market. Ward and Reifen calculated that the 'second brand' strategy reduces the number of independent generic companies present in the market by 1.7 to 2.4 [Ibidem].

It is also very difficult for the remaining firms in the market to gain the highest level of market share possible should the 'second brand' strategy not be implemented by the patent holder of the original drug [Hollis 2002, p. 723-724].

It is commonly recognized that the best results of the 'second brand' strategy are obtained if the generic version is introduced into the market in advance of any other competitor; ie. just prior to loss of market exclusivity [Hollis 2002, p. 728-733].

Analysis of developed Western markets including Canada indicates that the 'second brand' strategy has proven to be very effective in obtaining an increased market share. In 1999 substitutes manufactured by innovative companies for their own branded drugs had 34.6% of the generic market [Hollis 2003, p. 24] and were present in almost every NCE market of non-patented products [Hollis 2005, p. 329-332].

This figure should not be surprising in the light of other research indicating that the higher market share of generic product leads to higher prices of both branded drug and its generic version when the 'second brand' approach is applied [Hollis 2005, p. 348-349].

This stems from the fact that the original brand is often perceived by a lot of patients as more efficacious, of better quality and safer. Thus it is the preferred choice even if more expensive.

In the case of 'own generic', its origin of well-known branded manufacturer is a sign of authenticity, high quality and safety. It cannot be, however, forgotten that in the case of the generic drug segment there is a particular price-demand elasticity.

The results of the research conducted by Hollis indicated additionally that the first substitute in the generic market may expect to capture a higher market share of between 20% and 35% compared to other entrants simply by being first in the market [Hollis 2002, p. 723].

It seems, however, that large pharmaceutical firms, which have lost patents for their blockbuster products, do indeed share this very perspective and have started aggressively promoting their own generic versions of brand name products; eg. in November 2011 Pfizer launched a generic version for its best-selling drug ever "Lipitor" (in Poland marketed as "Sortis") in the USA, which by the end of 2011 obtained ca. 14.6% of the market share [Rubin 2011].

After several meetings with pharmacists the author of this paper has come to the conclusion that the major reason for the dominance of the first generic entrants in the marketplace seems to be cost switching linked to using alternative drugs, particularly if the first ones are already well tolerated and financially affordable for patients. Another reason is the time required by pharmacists to convince and encourage patients to switch to new drugs and the risk encurred of putting relationships with local physicians at stake who often react adversely when their prescribed therapy is changed by a pharmacist.

This point of view is also present and shared by other analysts [Daly 2007, p. 10]. After a few months since the new reimbursement law took effect in Poland, it is also worth noticing that there are growing fears linked to prescription switching of reimbursed drugs. Pharmacists do often prefer not to switch prescriptions as they are afraid of being fined by NHF (National Health Fund).

Taking all these issues into consideration it is not surprising that innovative drug companies are willing to take the risk of diminished sales of original drugs at the hands of newly introduced cheaper generic alternatives and the anticipated long-term synergy effects and deterred

market competition. Other research conducted by Ward and Reiffen show that in larger markets, profits of companies in the generic segment are more than twice as large as sales figures of innovative drugs [Reiffen, op.cit., p. 24-26].

Despite obvious benefits of the 'second brand' strategy, some authors warn that caution should be exercised as over the long term the currently introduced generic substitutes may require considerably more effort and attention to maintain satisfactory sales levels. It should be also noted that margins of those products are low compared to innovative drugs [DePalma 2011].

It will be a big challenge for innovative firms to popularize newly introduced generics and ensure that they fulfill unmet medical needs as the pharmaceutical market is not always price- related and companies are constantly seeking to optimize returns [Kanavas, Costa-Font, Seeley 2008, p.536].

Introducing a changed (different number of tablets, changed tablets size/ shape) or a new dosage form may be required in order to differentiate substitutes from originals. A new dosage form may be a crucial part of such strategy and may involve ODT (orally disintegrating tablets), modified release tablets designed to release active ingredients slowly, thin films, aerosols, transdermal patches and many others. Market evidence indicates that such attempts are being made more and more often; eg. Cardura XL (modified release tablets which are very difficult to produce, in turn creating an entry barrier for potentially new generic drugs) or ODT tablets; eg. Aricept ODT. Based on the research conducted by Sullivan (1992) one can conclude that increasing brand choice – as mentioned above – is more beneficial when products are introduced later than products marketed under a completely new brand names (such as generic versions of own innovative drugs no longer protected by patents) [Sullivan 1992, p. 793-806].

The author of this paper takes the view that effective introduction of a new generic alternative for own original brand will be inevitably linked with the necessity to develop and implement a robust differentiation strategy for both products in order to target defined segments of patients and subsequently to mitigate cannibalization of sales.

3. Popularity and effectiveness of the 'Second Brand' strategy in the Polish pharmaceutical market

The study presented in this paper was conducted on the basis of 33 chosen drug manufacturers currently present in the Polish market. Product portfolios offered by those companies were examined in order to find those markets (understood as a single chemical NCE), where the 'Second Brand' strategy has been deployed.

The following cases were not taken into consideration prior to making generalizations:

- There was an acquisition or merger of a company which had an analogue product (with the same active ingredient) in its offer and currently they are marketed independently;
- A company combined already marketed products with new or other already existing chemical entities (NCEs), eg. Pfizer's Xalacom (latanoprostum + timololum);
- The same chemical entity is promoted in different indications and marketed under separate tradenames, eg. Viagra and Revatio;
- The same chemical entity is distributed in different dosage forms, eg. aerosol, spray or cream and marketed under separate tradenames;
- After giving some thought on sample population one instance has been excluded where a drug company launched two products at the same time with the same chemical entity, the same medical indication however promoted under different brands. The rationale for this is a lack of comparative data to examine impact of such a strategy on capturing market share.

An analysis of the Polish prescription drugs market shows that the 'Second Brand' strategy does not enjoy popularity and only a few companies have decided to deploy it in more than one market understood as an active ingredient (see table 1).

Table 1. Frequency of 'second brand' strategy presence in the Polish prescription drugs market

Deployed strategy	No of markets (market = NCE)	No of firms
'Second brand'	17	10
One NCE – one brand	415	19
TOTAL	432	29

Source: Analysis of product portfolios offered by selected 33 drug manufacturers.

After review of product portfolios of 29 large pharmaceutical companies offering prescription drugs it was found that only 10 of them deployed the 'second brand' strategy (in total for 17 chemical entities – NCE's). Only three of those companies decided to use it more than in one instance. This demonstrates a clearly conservative approach which certainly is linked with a high risk of sales cannibalization, at least during the first few months.

It is worth mentioning that during the analysis study it was quite surprising to find the 'brand extension' approach enjoying much more popularity than the

‘second brand’ strategy. Here, two or more active ingredients are combined together and subsequently marketed under a one tradename. The most likely reasons for that might be that by adopting such a strategy and simultaneously assigning large resources for promotion among physicians, a company may be able to reduce substitution much more effectively and convince physicians on the advantage of choosing its brands over competitors, (eg. a patient needs to take only one drug, not two, thus increasing compliance and reducing overall cost of treatment).

An analysis of the potential and likely objectives behind ‘second brand’ strategies adopted in the Polish prescription market enables us to come to the conclusion that it is rare for companies to create an impression of a ‘crowded market’ by introducing a few brands with the same active ingredient. Only in three instances could it be alleged that such a strategy was implemented. This seems to be fully understandable in the light of difficulties usually encountered in the management of multiple brand portfolios in a homogonous market. This in turn results from limitations in using marketing-mix instruments not allowing for implementation of more aggressive, more effective brand differentiation strategies.

The next step in the process of review of ‘second brand’ strategy effectiveness was to examine how total sales and market shares of the original and its generic version changed after deployment of the ‘second brand’ strategy. However only those cases were verified where the substitute was present in the market for at least a year. The results of the study are presented in the Table 2. They indicate that a success – measured as an increase of total market share in the long term – was found only in a third part of all cases.

In principle the changes in sales volumes went hand in hand with changes in sales value. However it was observed in one instance that the increase in sales value was higher than the increase in sales volume. This could be explained by progressing price erosion resulting from growing competition in that particular market (atorvastatin) in the recent years.

The evidence collected during the research (see Table 2) indicates that introduction of a second or further brand with the same chemical entity into the market does not ensure achievement of sales objectives and in most cases it will end with drop in market share both in sales volumes and value.

Further study of particular cases leads to the conclusion that applying such a strategy requires enormous skill and competence in the area of brand portfolio management, adequate positioning strategy for both products reflecting the market situation as well as challenges of a given market, targeting a precisely and cautiously defined consumer segment.

Table 2. Efficacy of 'second brand' strategies in the Polish prescription drug market

Quantitative analysis		
Change in market share	**Volume**	**Value**
Increase	6	7
Decline	11	10
TOTAL	17	17

Percentage analysis		
Change in market share	**Volume**	**Value**
Increase	35%	41%
Decline	65%	59%
TOTAL	100%	100%

Source: Based on sales data reported by selected drug manufacturers.

In the alternative case it is likely that sales cannibalization will occur and will not be offset by incremental sales of its generic version. One particular example is Polpharma which decided to introduce a much cheaper version of Maxigra, a very popular drug (market leader) for erectile dysfunction in the Polish market. The second brand was introduced shortly after new generic alternatives were launched by independent competitors which subsequently began to increase their market share at the expense of Maxigra. It seems probable that Polpharma decided upon introducing the cheapest generic alternative, Sildenafil Medana into the market in order to 'push out' competition. The price of the new product was only 1/3 of Maxigra and ½ of other generics (it must be, however, noted that Medana is related to Polpharma). The competitors had relatively small market shares and consequently the new brand began to obtain more market share at the expense of the market leader, Maxigra.

If it was assumed that the major objective to launching a new generic version was to reduce the number of competitors and to build a strong entry barrier deterring or delaying new entrants, it must be stated that this approach failed. There were new large, global pharmaceutical companies which offered other generic alternatives at prices even lower than Medana. Finally a price war started which led to a drop in average product margins and resulted in almost a complete lack of difference in brand perception in terms of quality, efficacy and safety. It seems that much better effects could be achieved if an adequate differentiation strategy for the market leader was developed prior to deployment of the 'second brand' strategy. That would enable a building

of strong brand awareness of Maxigra and maintain loyalty to the product by physicians, pharmacists and patients. It can be argued that only then introducing a generic alternative would not result in sales cannibalization and a drop in sales figures to the extent noted.

Other instances of 'second brand' strategy implementation were also examined and subsequently were split into two separate groups – the first with all cases considered achieving success, ie. achieved additional market share while the other group ended up with a decline in market share. Subsequently an average change in market share was calculated for each of the groups. The results of the study are presented in Table 3.

They indicate that in the case of failure the average decline in market share was twice as large as in the case of success in implementing the strategy. Evidence from research indicates that the average expected result from deployment of the 'second brand' strategy is a small percentage decline in total market share of both products.

Table 3. Effectiveness of 'second brand' strategies in the Polish prescription drug market

Average change in market share		
Final result of 'second brand' strategy deployment	**Sales volume (pp)**	**Sales value (pp)**
Increase	4,8%	4,4%
Decline	-10,0%	-9,2%
TOTAL	-4,8%	-3,6%

Source: Based on sales data reported by selected drug manufacturers.

The above results indicate that the companies which decided to implement such a market strategy faced difficulties in defining an optimized set of marketing-mix tools which would enable the company to achieve certain business objectives.

The selected sample is not sufficient to perform a reliable regression analysis. However, based on examination of particular instances and further discussions with representatives of the pharmaceutical industry, indications are that a few factors might be responsible for the current low effectiveness of the 'second brand' strategy. These are:

- Highly homogeneous market of prescription drugs – the Ministry of Health actively promotes its view that "innovative drugs and their generic versions are bio-equivalent; ie. have essentially the same efficacy and safety levels and the only differences between them are the inactive ingredients which do not have any therapeutic impact.

Additionally under the new regulations stemming from the new Reimbursement Act (which took effect from the 1st January, 2012) pharmacists are obliged to inform patients on availability of cheaper generic alternatives;

- Legal restrictions literally prohibiting the promotion of all prescription drugs among patients. This in turn limits possibilities to communicate effectively with a defined customer segments and subsequently to apply a product differentiation and positioning strategy in order to keep ahead of competitors;
- Using price as the main tool to differentiate products – Under provisions of the New Reimbursement Act any incentives offered with regard to reimbursed products are prohibited (this includes also any discounts and rebates). The prohibition should be respected by manufacturers, wholesalers, pharmacists and any other market participants. In practice, this means introducing fixed prices and margins for reimbursed open-market drugs;
- Taking into consideration a low level of average retail price in a particular NCE market, drug switching costs for patients and additional time required for pharmacy consultations with patients (necessary for effective switching) significantly outweigh potential benefits from retail price reduction through additional discounts;
- Lack of easily identifiable customer segments, especially where an average retail price is relatively low; ie. below 15 Polish Zloty. In effect, any attempts to differentiate products through price management would be condemned to failure because in that price segment any price differences would have little or no importance for patients, pharmacists and physicians;
- Lack of or in-coherent marketing promotion directed at physicians and pharmacists used to position in the market two or more trade brands – in consequence sales cannibalization or no interest in the new products is likely to occur;
- Intense competition in the market which makes difficult to differentiate and drowns out promotional activity relating to newly introduced products. It also creates impediments that deter other companies from entering the market; eg. by price reductions and building high stocks levels in distribution chains.
- Too large a price difference between products disallowing for the compensation of a drop in sales figures resulting from brand cannibalization, particularly if the already existing brand is the market leader with a large market share;

- Poorly developed service-related mechanisms are banned under the new law that are legally allowable to influence patients' and pharmacists' purchase behaviors as the commonly used price-related incentives regarding reimbursed products. These legally prohibited incentives include discounts, value and distribution rebates, invoices for any kind of marketing services; ie. purchase of sell-out data, rental agreements regarding promotional space, fees for providing promotional and informational materials to pharmacy employees responsible for dispensing pharmaceuticals, etc.).

The provisions of the new Reimbursement Law reduced significantly the range of allowable marketing tools that can be used to increase firms' competitiveness. Taking this into consideration a conclusion may be drawn that deployment of a 'second brand' strategy will be even more difficult than before and potentially be limited only to non-reimbursed and OTC drugs since only in those markets will there be any possibilities to develop promotional schemes; ie. to create and promote proposals tailor-designed to specific segments of pharmacists and patients.

In future it might be expected that drug manufacturers will be more interested in developing other forms of promotional and trade mechanisms which are more difficult to design and implement. These are defined as value added services and they may cover pharmaceutical healthcare programs directed to patients, awareness campaigns relating to a selected disease, pharmacy sell-out programs regarding non-reimbursed and OTC drugs, new dosage forms and other. In case of relatively expensive innovative drugs it is likely that this approach will allow for effective deployment of differentiation and positioning strategy and this in turn will enable the pharmaceutical company to mitigate the key risks and adverse effects of sales cannibalization when introducing a cheaper generic version into the market.

4. Conclusions

In the light of a decreasing number of new innovative drugs introduced into the market it is tempting to assume that applying the concept of brand portfolio management in the form of a 'second brand' strategy will bring a considerable sales and market share increase. In some countries it has become almost a binding market principle which is applied soon after patent expiration. It is crucial not only to take a well-thought-out decision whether to launch a generic version of the branded drug but also to be first in the market and capture dominant position against other competitors.

The analysis of 'second brand' strategy effectiveness provided evidence that it rarely contributes to the achievement of anticipated business and

financial goals in the Polish market and often leads to decline in total market share of both products. This results mainly from unfavorable legal provisions which strongly limits the range of allowable marketing tools, hence hinders their selection and combination in such a manner that would enable the company to achieve determined business objectives. This also explains relatively small number of instances where such a strategy was found.

The new Reimbursement Act provided additionally further legal restrictions and sanctions thus reducing the range of allowable business practices relating to drug manufacturers, wholesalers, pharmacists and other market participants. The new law also introduced fixed prices and margins for reimbursed drugs (in practice there are no legal possibilities to compete by developing discounting schemes in open market). The pharmacists are also under a new obligation to inform patients on availability of cheaper generic alternatives for reimbursed drugs.

It creates further impediments to deploy effectively strategy of brand portfolio management in a particular chemical entity (NCE) market. Hence it is rational to expect that this kind of market strategy would be less often applied in practice than before.

Currently it seems that drug manufacturers will focus much more attention on developing and adopting differentiation strategy for already existing products. The following will serve to achieve this objective:

- Linking brands with additional promotional activities; eg. more frequent visits to physicians by medical representatives, direct promotion, advertising and sales to pharmacies);
- Utilizing firm's know-how to develop services dedicated to patients and pharmacists (known as value added services), including programs of pharmaceutical healthcare for patients, strengthening relationships within the triangle physician-pharmacist-patient, disease awareness campaigns (eg. erectile dysfunction awareness campaign implemented by Pfizer in selected pharmacies in Poland), patient drug persistence and adherence support services, activities intended to build pharmacists' loyalty (trainings on how to perform a financial analysis of pharmacy, how to discuss about switching with patients, etc).
- Long-term development of corporate brand image to differentiate from other drug manufacturers as a producer of high quality products confirmed by medical studies – in contrary to generic companies which have very limited possibility to do so.

It must be however noted that only in a few cases the 'second brand' strategy enabled the adopting company to achieve increase in total sales value.

This study highlights further areas for research including how the extent and methods of differentiation of brands, promoting, pricing and other marketing tools impacted the overall effectiveness of the applied strategy. This could help to define the best market practices and to indicate substantial mistakes to be avoided in future deployments.

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